

MODEL _____ SERIAL _____

REPAIR CARD

OWNER'S NAME _____ DATE _____

ADDRESS _____

CITY AND STATE _____

DATE OF PURCHASE _____

PURCHASED FROM _____

CITY AND STATE _____

DETAILS OF TROUBLE _____

Fill out completely and attach to equipment in need of repair. Return to the wholesaler from whom purchased, or to the nearest Allen Service Station.

ALLEN ELECTRIC AND EQUIPMENT COMPANY
KALAMAZOO, 13F, MICHIGAN

